

Survey, Certification and Credentialing
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Timothy Keck, Interim Secretary

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Codi Thurness, Commissioner

July 19, 2016

PROVIDER NO17E528

Mr. Gary Burkdoll,
Countryside Health Center
440 Se Woodland Avenue
Topeka, KS 66607-2172

LICENSURE AND CERTIFICATION SURVEY-RESULTS OF SURVEY

On July 15, 2016, an ABBREVIATED SURVEY was completed at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be "D" level deficiencies. Your facility has not achieved substantial compliance.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Enforcement Remedies

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. Based on the deficiencies cited during your survey and your continued non-compliance and in accordance with sections 1819(h) and 1919(h) of the Social Security Act and 42 Code of Federal Regulations 488.417(b), the following remedies continues:

- A per instance Civil Money Penalty (CMP) for CFR 483.25(h) in the amount of \$7,000.00 in accordance with CFR 488.430.
- Denial of payment for new Medicare/Medicaid admissions effective July 27, 2016 until your facility has achieved substantial compliance
- Termination of your provider agreement effective January 5, 2017 if substantial compliance is not achieved by that time.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

Plan of Correction (POC)

At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at www.kdads.ks.gov. An acceptable Plan of Correction will constitute a credible allegation of compliance and must be submitted to KDADS within 10 calendar days of your receipt of the statement of deficiencies. The Plan of Correction must contain the following in order to be acceptable:

1. Address how corrective action will be accomplished for those residents found to have been affected

by the deficient practice.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained) and,
5. Include the dates corrective action was completed.

Allegation of Compliance

Failure to achieve substantial compliance in accordance with your plan of correction may result in the imposition of additional remedies, retroactive to the survey exit date. These remedies may continue until substantial compliance is achieved or your provider agreement is terminated. If your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send five copies of your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy).

Codi Thurness, Commissioner
Kansas Department for Aging & Disability Services
612 South Kansas Avenue
Topeka, KS 66603-3404

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at 296-1265.



Caryl Gill, RN, BSN
Complaint Coordinator